

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12651

State File No. _____

FILED MAR 20 1953

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>726</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLAYTON</u> c. LENGTH OF STAY (in this place) <u>41 DAYS</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS COUNTY HOSPITAL</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bellridge</u> d. STREET ADDRESS (If rural, give location) <u>9007 RAMONA</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALFRED</u> b. (Middle) _____ c. (Last) <u>WEAVER</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>2</u> <u>28</u> <u>53</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>1-16-87</u>	
9. AGE, (In years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>UNKNOWN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ST. LOUIS MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Edward Weaver</u>		13b. MOTHER'S MAIDEN NAME <u>Isadora Israel</u>		14. NAME OF HUSBAND OR WIFE <u>GRACE WEAVER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>ST. LOUIS COUNTY HOSPITAL Records</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u> ANTECEDENT CAUSES DUE TO (b) <u>Emphysema</u> DUE TO (c) <u>Malnutrition</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. HOW DID INJURY OCCUR? _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>1-18</u> , 19 <u>53</u> to <u>2-28</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>2-28</u> , 19 <u>53</u> , and that death occurred at <u>6:45 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Charles E. Nichols M.D.</u>				23b. ADDRESS <u>601 S. Brentwood Clayton</u>		23c. DATE SIGNED <u>3-2-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/5/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lake Charles Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS CO. MO</u>	
DATE REC'D BY LOCAL REG. <u>3-5-53</u>		REGISTRAR'S SIGNATURE <u>Hester R. Doughty</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Hollis</u> ADDRESS <u>1023 St. Ann. St.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____

Student Embalmer

Signed _____

Sheldon Collin

Licensed Embalmer No. *3382*

P. O. Address *10123 St. Charles*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.